TABLE 1b

WHAT PREMIUMS AND COST-SHARING ARE APPLICABLE TO PROTOTYPE FAMILIES WITH INCOMES ABOVE 150 PERCENT OF THE FEDERAL POVERTY LEVEL UNDER SELECTED STATE EMPLOYEE AND FEDERAL EMPLOYEE PLANS?

Profile	Annual average use (excludes well-child care)	Average annual cost		Applicable premiums and cost-sharing under selected state employee and federal employee plans	
		Per unit (\$)	Total (\$)	Maryland State Employee Plan: BCBS PPO Option ¹	Federal Employee Health Benefit Plan: BCBS standard PPO Option ²
				Premiums	
				\$85.53 x 12 for 2 people	\$135.03 x 12 for self and child
				C	ost-sharing
Child with occasion al cold or ear infection (composi te #1)	Routine care: 2 M.D. visits (colds) 1 ER visit (otitis media) 3 Rx drugs	54, 36 ^a 88 ^b 16 ^c	90 88 48	\$15 x 2 50%(\$88) \$48	\$12 x 2 \$88 \$48
Child with cerebral palsy (composi	Routine care: 2 M.D. visits (colds) 1 ER visit (otitis media) 3 Rx drugs Care for condition:	54, 36 ^a 88 ^b 16 ^c	90 88 48	\$15 x 2 50%(\$88) 48	\$12 x 2 \$88 \$48

TABLE 1b

WHAT PREMIUMS AND COST-SHARING ARE APPLICABLE TO PROTOTYPE FAMILIES WITH INCOMES ABOVE 150 PERCENT OF THE FEDERAL POVERTY LEVEL UNDER SELECTED STATE EMPLOYEE AND FEDERAL EMPLOYEE PLANS?

Profile	Annual average use (excludes well-child care)	Average annual cost		Applicable premiums and cost-sharing under selected state employee and federal employee plans	
		Per unit (\$)	Total (\$)	Maryland State Employee Plan: BCBS PPO Option ¹	Federal Employee Health Benefit Plan: BCBS standard PPO Option ²
					Premiums
				\$85.53 x 12 for 2 people	\$135.03 x 12 for self and child
				C	ost-sharing
te #2)	16 M.D. visits16 Rx drugs1 five-day hospital stay, plus 1 surgery1 pre-op M.D. visit1 follow-up M.D. visit	54, 36 _{x15} ^a 16 ^c 581 _{/day} ^d 1,800 ^a 120 ^a 41 ^a	594 256 2,905 1,800 120 41	\$20 x 16 \$256 0 0 \$20 \$20	\$12 x 16 \$52 + 20%(\$204) 0 \$312 + 5%(\$1,488) \$12 \$12 \$12 Note: To simplify calculations, \$400 deductible applied to ER and surgery.
Child with severe diabetes (composi	Routine care: 2 M.D. visits (colds) 1 ER visit (otitis media) 3 Rx drugs	54, 36 ^a 88 ^b 16 ^c	90 88 48	\$15 x 2 50%(\$88) 48	\$12 x 2 \$88 \$48

TABLE 1b

WHAT PREMIUMS AND COST-SHARING ARE APPLICABLE TO PROTOTYPE FAMILIES WITH INCOMES ABOVE 150 PERCENT OF THE FEDERAL POVERTY LEVEL UNDER SELECTED STATE EMPLOYEE AND FEDERAL EMPLOYEE PLANS?

Profile	Annual average use (excludes well-child care)	Average annual cost		Applicable premiums and cost-sharing under selected state employee and federal employee plans	
		Per unit (\$)	Total (\$)	Maryland State Employee Plan: BCBS PPO Option ¹	Federal Employee Health Benefit Plan: BCBS standard PPO Option ²
				ı	Premiums
				\$85.53 x 12 for 2 people	\$135.03 x 12 for self and child
				Co	ost-sharing
te #3)	Care for condition: 16 M.D. visits 16 Rx drugs 1 five-day hospital stay, plus 1 surgery 1 pre-op M.D. visit 1 follow-up M.D. visit	54, 36 _{x15} ^a 16 ^c 581 _{/day} ^d 1,800 ^a 120 ^a 41 ^a	594 256 2,905 1,800 120 41	\$20 x 16 \$256 0 0 \$20 \$20	\$12 x 16 \$52 + 20%(\$204) 0 \$312 + 5%(\$1,488) \$12 \$12 \$12 Note: To simplify calculations, \$400 deductible applied to ER and surgery.
Child with catastro-phic	Routine care: 2 M.D. visits (colds) 1 ER visit (otitis media) 3 Rx drugs	54, 36 ^a 88 ^b 16 ^c	90 88 48	\$15 x 2 50%(\$88) 48	\$12 x 2 \$88 \$48

TABLE 1b

WHAT PREMIUMS AND COST-SHARING ARE APPLICABLE TO PROTOTYPE FAMILIES WITH INCOMES ABOVE 150 PERCENT OF THE FEDERAL POVERTY LEVEL UNDER SELECTED STATE EMPLOYEE AND FEDERAL EMPLOYEE PLANS?

Profile	Annual average use (excludes well-child care)	Average annual cost		Applicable premiums and cost-sharing under selected state employee and federal employee plans	
		Per unit (\$)	Total (\$)	Maryland State Employee Plan: BCBS PPO Option ¹	Federal Employee Health Benefit Plan: BCBS standard PPO Option ²
				Premiums	
				\$85.53 x 12 for 2 people	\$135.03 x 12 for self and child
				Co	ost-sharing
injury (composi te #4)	Care for condition: 1 five-day hospital stay, plus 1 surgery 1 pre-op M.D. visit 1 follow-up M.D. visit 1 Rx drug 2 follow-up dental visits 2 crowns	581,/day 3,276 ^a 120 ^a 41 ^a 16 ^c 14 ^e 230 ^f	2,905 3,276 120 41 16 28 460	0 0 \$20 \$20 \$16 \$28 \$460	0 \$312 + 5%(\$2,964) \$12 \$12 \$16 25%(\$28) 25%(\$460) Note: To simplify calculations, \$400 deductible applied to ER and surgery.

TABLE 1b

WHAT PREMIUMS AND COST-SHARING ARE APPLICABLE TO PROTOTYPE FAMILIES WITH INCOMES ABOVE 150 PERCENT OF THE FEDERAL POVERTY LEVEL UNDER SELECTED STATE EMPLOYEE AND FEDERAL EMPLOYEE PLANS?

Profile	Annual average use (excludes well-child	Average annual cost		Applicable premiums and cost-sharing under selected state employee and federal employee plans	
	care)	Per unit (\$)	Total (\$)	Maryland State Employee Plan: BCBS PPO Option ¹	Federal Employee Health Benefit Plan: BCBS standard PPO Option ²
					Premiums
				\$85.53 x 12 for 2 people	\$135.03 x 12 for self and child
				C	ost-sharing
Child with serious mental illness (composi te #5)	Routine care: 2 M.D. visits (colds) 1 ER visit (otitis media) 3 Rx drugs Care for condition: 16 outpatient MH visits 16 outpatient SA visits 16 Rx drugs 1 four-day MH stay	54, 36 ^a 88 ^b 16 ^c 131, 101 _{x15} ^a 131, 101 _{x15} ^a 16 ^c 581 _{/day} d	90 88 48 1,646 1,646 256 2,324	\$15 x 2 50%(\$88) \$48 20%(\$535) + 35%(\$1,111) 20%(\$535) + 35%(\$1,111) \$256 0	\$12 x 2 \$88 \$48 \$312 + 60%(\$1,334) 60%(\$1,646) \$52 + 20%(\$204) \$150 x 4 Note: To simplify calculations, \$400 deductible applied to ER and MH visits.
Child	Routine care:				

TABLE 1b

WHAT PREMIUMS AND COST-SHARING ARE APPLICABLE TO PROTOTYPE FAMILIES WITH INCOMES ABOVE 150 PERCENT OF THE FEDERAL POVERTY LEVEL UNDER SELECTED STATE EMPLOYEE AND FEDERAL EMPLOYEE PLANS?

Profile	Annual average use (excludes well-child care)	Average annual cost		Applicable premiums and cost-sharing under selected state employee and federal employee plans	
C		Per unit (\$)	Total (\$)	Maryland State Employee Plan: BCBS PPO Option ¹	Federal Employee Health Benefit Plan: BCBS standard PPO Option ²
				Premiums	
				\$85.53 x 12 for 2 people	\$135.03 x 12 for self and child
				C	ost-sharing
with congenit al heart defect (actual	2 M.D. visits (otitis) 2 Rx drugs (otitis) 1 ER visit (pneumonia) 1 Rx drug (pneumonia) 1 M.D. visit (pneumonia)	54, 36 ^a 3.95 ^g 88 ^b 25.16 ^g 36 ^a	90 7.90 88 25.16 36	\$15 x 2 \$7.90 50%(\$88) \$25.16 \$15	\$12 x 2 \$7.90 \$88 \$25.16 \$12
case)	Care for condition: 2 M.D. visits (cardiology) 1 M.D. visit (pediatry) 2 M.D. visits (surgery) 1 five-day hospital stay, plus 1 surgery 1 Rx drug 1 pre-op M.D. visit	110, 50 ^a 36 ^a 120 ^a 24,047.4 9 17,785 4.68 ^g 120 ^a 41 ^a	160 36 240 24,047. 49 17,785 4.68 120 41	\$20 x 2 \$15 \$20 x 2 0 0 \$4.68 \$20 \$20	\$12 x 2 \$12 \$12 x 2 0 \$312 + 5%(\$17,473) \$4.68 \$12 \$12

TABLE 1b

WHAT PREMIUMS AND COST-SHARING ARE APPLICABLE TO PROTOTYPE FAMILIES WITH INCOMES ABOVE 150 PERCENT OF THE FEDERAL POVERTY LEVEL

UNDER SELECTED STATE EMPLOYEE AND FEDERAL EMPLOYEE PLANS?

Profile	Annual average use (excludes well-child care)	Average annual cost		Applicable premiums and cost-sharing under selected state employee and federal employee plans	
		Per unit (\$)	Total (\$)	Maryland State Employee Plan: BCBS PPO Option ¹	Federal Employee Health Benefit Plan: BCBS standard PPO Option ²
				Premiums	
				\$85.53 x 12 for 2 people	\$135.03 x 12 for self and child
				C	ost-sharing
	1 follow-up M.D. visit				Note: To simplify calculations, \$400 deductible applied to ER and surgery.

TABLE 1b References

^{1.} Source: 1999 Summary of Maryland State Employees Health Benefits.

^{2.} Source: Blue Cross and Blue Shield Service Benefit Plan, Federal Employees Health Benefits Program, 1999. Assumes use of preferred providers only. This policy also includes a \$400 and \$100 per family deductible for medical and pharmaceutical services, respectively, and an annual cost-sharing cap of \$2,000 per family that excludes mental health and substance abuse as well as dental expenses (however, in order to replicate most states' policy, out-of-pocket expenditures resulting from premiums and cost-sharing for all

services covered under the plan are counted toward the cumulative maximum). The coinsurance percentage is calculated on the billed or allowable charge, whichever is less.

- a. Kirchner, M. (1990) Where do your fees fit in? Medical Economics, pp. 76-105, October 1.
- b. Federal Register. (1998) Vol. 63, No. 211, pp. 58596-58897, November 2 (Total physician payment for selected procedures under Medicare).
- C. Hong, S.H., and Shepherd, M.D. (1996) Outpatient prescription drug use by children enrolled in five drug benefit plans. Clinical Therapeutics, Vol. 18, No.3, pp. 528-545.
- d. Newacheck, P.W., and Taylor, W.R. Childhood chronic illness: Prevalence, severity, and impact. American Journal of Public Health, Vol. 82, No. 3, pp. 364-371.
- e. Complete schedule of dental allowances, Standard Option Blue Cross and Blue Shield Service Benefit Plan, Federal Employees Health Benefits Program, 1999.
- f. 1999 Summary of Maryland State Employees Health Benefits.
- g. Parent-reported information (including bills).